



Churchville Recreation Council

Churchville Tennis

“Where the Stars are Born”



Fall Session II: October 29th – December 13th (7-week session)

Indoor – Mail-in Registration Form

Questions please email churchvilletennis@gmail.com

COST: One hour class – once/wk \$96; twice/wk \$186; One and a half hour class – once/wk \$144; twice/wk \$269

NO REFUNDS-NO EXCEPTIONS

Registration after October 18th will be subject to \$10.00 late fee-THIS WILL BE ENFORCED.

Return Check Fee \$30.00

Open Registration: Oct. 15th, 4:30-5:30 & 7:15-8:00 pm, Oct. 16th, 5:30-7:30 pm, Oct. 18th, 5:00-7:00 pm

Class sizes are limited; first come, first served

Tuesday.....	10:00-11:00.....	Adult Beginners
	11:00-12:30.....	Adult Intermediate
	3:30-5:00.....	Invitational
	5:00-6:30.....	**Player Development-A only-Invitation Only
	6:30-7:30.....	**Player Development-B only-Invitation Only
	7:30-9:00.....	Adult (previous Friday p.m. class)
Wednesday.....	1:30-2:30.....	Adult Beginners
	2:30-3:30.....	Home School
	3:30-4:30.....	JV/Varsity
	4:30-5:30.....	Elite
	5:30-6:30.....	Beginners, Ages 3-5
	6:30-7:30.....	Beginners, Ages 6-9
	7:30-8:30.....	Beginners, Ages 10 and up
Friday.....	9:30-10:30.....	Cardio Strengthening
	10:30-12:00.....	Inter./Advanced Adult
	3:30-5:00.....	Invitational
	5:00-6:30.....	**Player Development-A only-Invitation Only
	6:30-7:30.....	**Player Development-B only-Invitation Only
	7:30-8:30.....	Elite

****Player Development is split into 2 class levels (A & B)-By invitation only by Mr. Bill. He will let you know which class you belong in. For more information, churchvilletennis@gmail.com.**

Tennis Program Registration Form – Fall II 2013

Name: _____ Phone: _____ Age: _____

Address: _____ City: _____ Zip: _____

E-mail: _____

In case of emergency call: Name: _____

Any medical problems? _____

If so, please explain: _____

Circle program: Adults Beginners Elite JV/Varsity Player Dev. A Player Dev. B Other
_____ New Registrant _____ Return Registrant

Class Day and Time: _____ Check # _____

I agree that I will not hold the instructor, the Churchville Rec. Council, or Harford County, Maryland, a body corporate and politic of the State of Maryland, responsible for any injuries received during the program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems.

I also understand that information on YOUTH SPORTS CONCUSSIONS AND HEAD INJURIES is available ON LINE at www.cdc.gov/concussioninyouthsports or you can call 1-800/232-4636.

Parent Signature: _____ Date: _____

MAIL FORM TO: Tennis Program, P.O. Box 515, Churchville, MD 21028

Forms also available on-line: www.churchvilletennis.org